

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90033 030 ****61.25

DOCUMENT # N95000004563

1. Entity Name

EXECUTIVE SERVICE CORPS OF MANASOTA, INC.



Principal Place of Business

677 N WASHINGTON BLVD
STE 95
SARASOTA FL 34236

Mailing Address

677 N WASHINGTON BLVD
SARASOTA FL 34236

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0614673

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEIGERMAN, BETTE
101 SUNSET DRIVE
SUITE 303C
SARASOTA FL 34236

Name

LESLIE FISHMAN

Street Address (P.O. Box Number is Not Acceptable)

1070 WESTWAY DRIVE

City

SARASOTA, FLORIDA FL

Zip Code

34236

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Leslie Fishman
LESLIE FISHMAN

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02/03/04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	SEIGERMAN, BETTE	
STREET ADDRESS	101 SUNSET DR 303C	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	HENIG, HUGH	
STREET ADDRESS	8716 54TH AVENUE EAST	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LEE, NORMAN	
STREET ADDRESS	5422 CHANTILLY	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	DAS	<input type="checkbox"/> Delete
NAME	LEWIS, NORMAN	
STREET ADDRESS	5055 GULF OF MEXICO DR	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLACK, ROBERT C	
STREET ADDRESS	3060 GRAND BAY BLVD 136	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	D	<input type="checkbox"/> Delete
NAME	FISHMAN, LESLIE	
STREET ADDRESS	1070 WESTWAY DR	
CITY-ST-ZIP	SARASOTA FL 34236	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Norman P. Lee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-04 941-3771857